

U.S. RADIOLOGIC TECHNOLOGISTS STUDY

THIRD SURVEY TELEPHONE INTERVIEW

Study ID:

Interviewer:

Date of
interview:

 - -
 - -

Interview start time:

 : TM AM
 : TM PM

Interview stop time:

 : TM AM
 : TM PM

No. of
jobs:

UMN: Edited by: _____ Date: _____

PARTICIPANT INFORMATION

A1. Are you male or female? [DOESN'T NEED TO BE
ASKED UNLESS NOT SELF-EVIDENT.]

☐ Male

☐ Female

A2. What is your date of birth?

 - -
M M D D Y Y Y Y

MEDICAL HISTORY

The first part of the interview includes questions to
update the health information you provided in the last
survey.

B1. Did a doctor ever tell you that you had any of the
following types of **CANCER** or malignant tumors?
[READ LIST - IF YES, [In what year was this
(cancer) **first diagnosed?**]. INCLUDE PRIMARY
CANCERS ONLY; NOT METASTASES.]

[WOMEN ONLY]

YES NO

YEAR 1ST DIAGNOSED

<input type="radio"/> <input type="radio"/>	Cancer of the cervix, (invasive, not <i>in situ</i>)	<input type="text"/>
<input type="radio"/> <input type="radio"/>	Ovary, or	<input type="text"/>
<input type="radio"/> <input type="radio"/>	Uterus (endometrium)?	<input type="text"/>

[MEN ONLY]

YES NO

YEAR 1ST DIAGNOSED

<input type="radio"/> <input type="radio"/>	Prostate, or	<input type="text"/>
<input type="radio"/> <input type="radio"/>	Testicular cancer?	<input type="text"/>

[ALL]

YES NO

YEAR 1ST DIAGNOSED

☐ ☐ Breast cancer?

[IF MULTIPLE PRIMARY BREAST CANCERS,
PROBE FOR TYPE OF CANCER AND YEAR DX
FOR EACH]

WHICH
BREAST?
L R

<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="text"/>
<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="text"/>
<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="text"/>
<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="text"/>

☐ ☐ Thyroid cancer?

☐ ☐ Lung cancer, cancer of the
trachea, bronchus, or

☐ ☐ Larynx?

B2. Did a doctor ever tell you that you had any of the following **BENIGN tumors** or **other medical conditions**? READ LIST; IF YES:
[In what year was this (condition) first diagnosed?]

YES NO

YEAR 1ST DIAGNOSED

0 0

A **benign** tumor of the brain or nervous system?

→ IF YES, PROBE FOR TYPE:
[Do you know what type it was?]

0 Meningioma?

0 Schwannoma?

0 Acoustic neuroma?

0 Astrocytoma?

0 Other brain or nervous system tumor (or unknown) (SPECIFY)

0 0

A benign thyroid tumor? (adenoma)

0 0

Thyroid nodule?

0 0

Goiter (enlarged thyroid)?

0 0

Thyroiditis (Hashimoto's Disease)?

0 0

Hyperthyroidism, or (overactive thyroid)

0 0

Hypothyroidism (underactive thyroid)?

0 0

Any other thyroid conditions? (SPECIFY)

0 0

An adenoma of the stomach, . . .

0 0

Pituitary gland, or

0 0

Parathyroid gland?

0 0

Hyperparathyroidism?

YES NO

YEAR 1ST DIAGNOSED

0 0

A colon polyp? (adenoma)

[WOMEN ONLY]

YES NO

YEAR 1ST DIAGNOSED

0 0

Uterine fibroids (myoma)? . . .

0 0

An ovarian tumor?

0 0

Fibrocystic or other benign breast disease such as fibroadenoma or hyperplasia?

YES NO

0 0

[Was it confirmed by breast biopsy or aspiration?]

[ALL]

YES NO

YEAR 1ST DIAGNOSED

0 0

Any other benign tumor? (SPECIFY)

B3. Did a doctor ever tell you that you had any of the following cardiovascular conditions?

READ LIST; IF YES:

[In what year was this (condition) first diagnosed?]

YES	NO	YEAR 1 ST DIAGNOSED
-----	----	--------------------------------

☐ ☐ High blood pressure?

→ YES NO

☐ ☐ [Do you currently take medicine for high blood pressure?]

☐ ☐ A stroke (cardiovascular accident) or

☐ ☐ A TIA (transient ischemic attack)?

☐ ☐ A heart attack (MI)?

☐ ☐ Angina pectoris?

→ YES NO

☐ ☐ [Was this confirmed by angiography?]

☐ ☐ Have you had coronary bypass surgery?

☐ ☐ Any other cardiovascular conditions? (SPECIFY)

B4. Did a doctor ever tell you that you had any of the following eye conditions? READ LIST; IF YES:
[In what year was this (condition) first diagnosed?]

YES	NO	YEAR 1 ST DIAGNOSED
-----	----	--------------------------------

☐ ☐ Macular degeneration?

☐ ☐ Cataracts?

→ YES NO

☐ ☐ [Did you have any cataracts removed?]

B5. Did a doctor ever tell you that you had any of the following medical conditions?

READ LIST; IF YES:

[In what year was this (condition) first diagnosed?]

YES	NO	YEAR 1 ST DIAGNOSED
-----	----	--------------------------------

☐ ☐ Hepatitis?

→ IF YES, ASK TYPE:

☐A ☐B ☐C ☐Other/Type unknown

☐ ☐ Cirrhosis of the liver?

☐ ☐ An ulcer? (peptic, gastric or duodenal)

☐ ☐ Diabetes?

→ YES NO

☐ ☐ [Do you currently take insulin for diabetes?]

☐ ☐ Gallbladder problems?

→ YES NO

☐ ☐ [Did you have your gallbladder removed?]

☐ ☐ Osteoporosis?

☐ ☐ Multiple sclerosis?

☐ ☐ Parkinson's Disease?

☐ ☐ Lupus?

☐ ☐ Rheumatoid arthritis?

☐ ☐ Scleroderma?

B6a. About how much did you weigh when you were 18-22 years of age (without shoes or clothes)?

b. About how much did you weigh in your 30s (without shoes or clothes)? ..

c. About how much did you weigh in your 50s (without shoes or clothes)? ..

d. About how much do you currently weigh (without shoes or clothes)?

WORK HISTORY

The next part of the interview is about your work history as a radiologic technologist. I'm using the term "radiologic technologist" to refer to any job in which you performed or assisted with diagnostic or therapeutic radiation procedures. I'm going to ask you questions separately for each job you held for one year or longer. Let's begin with your first job. . .

[INTERVIEWER: USE SEPARATE WORK HISTORY QUESTIONNAIRE FOR EACH JOB.]

GO TO WORK HISTORY QUESTIONNAIRE

[INTERVIEWER: THE FOLLOWING QUESTIONS SHOULD BE ASKED ONCE AFTER THE LAST JOB. THESE QUESTIONS PERTAIN TO ANY OF THE JOBS.]

D1. Did you ever work with radiation in a non-medical job?

- ☐ Yes → D1a. What year did you start?
☐ No (GO TO D2)

YEAR

D1b. What year did you stop?

YEAR

Briefly describe the type of business and radiation procedures you performed on this job?

The following questions pertain to any of your jobs.

D2. Were you ever removed from any job because you had exceeded a radiation protection limit?

- ☐ Yes →
☐ No (GO TO D3)
☐ Don't know (GO TO D3) ↓

D2a. How many times. . . ?

- ☐ 1 or 2 times
☐ 3 or 4 times
☐ 5 or more times
☐ Don't know

D2b. In what year were you first removed from a job for this reason?

YEAR

D3. While you were working as a radiologic technologist, was your white blood cell count ever found to be below normal due to your work as a radiologic technologist?

- ☐ Yes →
☐ No (GO TO E1)
☐ Never tested (GO TO E1)
☐ Don't know (GO TO E1) ↓

D3a. How many times. . . ?

- ☐ 1 or 2 times
☐ 3 or 4 times
☐ 5 or more times
☐ Don't know

D3b. In what year were you first told that your white blood cell count was below normal due to your work as a radiologic technologist?

YEAR

SUN EXPOSURE

The following questions focus on your complexion and your exposure to the sun.

E1. What is the natural color of your eyes? Would you say . . .

- ☐ Blue
☐ Green/blue or green/grey
☐ Hazel (light brown or yellow with blue or green flecks)
☐ Light brown
☐ Dark brown, or
☐ Some other color (SPECIFY)

E2. What was your natural hair color when you were 20 years old. . .

- ☐ Blonde
☐ Red
☐ Reddish-brown
☐ Light brown
☐ Medium brown
☐ Dark brown
☐ Black
☐ Other (SPECIFY)

E3. Do you have a light, medium or dark complexion?

- ☐ Light
☐ Medium
☐ Dark
☐ Other (SPECIFY)

Now I have some questions about how your skin would react if you were exposed to strong sunlight for 30 minutes without protective sunscreen. By strong sunlight, I mean noonday sunlight on the brightest, clearest day in summer.


E4. Let's start with how your skin would react if you had no tan the first time in summer that you were exposed to strong sunlight. What would happen, would you . . .

- ☐ Get a severe sunburn with blisters
☐ Get a painful sunburn but no blisters
☐ Get a mild sunburn followed by some suntan, or
☐ Become tan without any sunburn
☐ No change in skin color

E5. After repeated and prolonged exposure to sunlight, would your skin become . . .

- ☐ Very brown and deeply tanned
☐ Moderately tanned
☐ Lightly tanned
☐ Not tan at all, or
☐ DON'T KNOW

E6. Were you ever sunburnt so severely as to cause large blisters?

- ☐ Yes
☐ No (GO TO E7) 

E6a. How many times did this happen before age 15?

of blistering sunburns

☐ Don't know

E6b. How many times did this happen from age 15 to the age you are now?

of blistering sunburns

☐ Don't know

Now I'm going to ask where you lived at different ages and about the amount of time you spent in the sun at those ages. Be sure to include time in the sun on vacations, at work and where you lived. Let's start with age 65 to the present.

[INTERVIEWER: ASK E7, E8 and E9 FOR EACH AGE GROUP, then ask for the next age group.]

Age Group	E7. When you were (AGE), where did you live the <u>longest</u> ?	E8. When you were (AGE), on <u>week-days in the summer</u> (between the hours of 9AM and 3PM), how many hours per day did you usually spend in strong sunlight?	E9. When you were (AGE), on <u>weekends in the summer</u> (between the hours of 9AM and 3PM), how many hours per day did you usually spend in strong sunlight?
a. Age 65 to present	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>CITY</div> <div> <div></div><div></div> </div> <div>STATE</div> <div>Other</div>	<div> <div><input type="radio"/> 0</div> <div><input type="radio"/> 3-4 hr</div> </div> <div> <div><input type="radio"/> <1 hr</div> <div><input type="radio"/> 5-6 hr</div> </div> <div> <div><input type="radio"/> 1-2 hr</div> <div><input type="radio"/> DK</div> </div>	<div> <div><input type="radio"/> 0</div> <div><input type="radio"/> 3-4 hr</div> </div> <div> <div><input type="radio"/> <1 hr</div> <div><input type="radio"/> 5-6 hr</div> </div> <div> <div><input type="radio"/> 1-2 hr</div> <div><input type="radio"/> DK</div> </div>
b. 40 to 64 years old	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>CITY</div> <div> <div></div><div></div> </div> <div>STATE</div> <div>Other</div>	<div> <div><input type="radio"/> 0</div> <div><input type="radio"/> 3-4 hr</div> </div> <div> <div><input type="radio"/> <1 hr</div> <div><input type="radio"/> 5-6 hr</div> </div> <div> <div><input type="radio"/> 1-2 hr</div> <div><input type="radio"/> DK</div> </div>	<div> <div><input type="radio"/> 0</div> <div><input type="radio"/> 3-4 hr</div> </div> <div> <div><input type="radio"/> <1 hr</div> <div><input type="radio"/> 5-6 hr</div> </div> <div> <div><input type="radio"/> 1-2 hr</div> <div><input type="radio"/> DK</div> </div>
b. 20 to 39 years old	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>CITY</div> <div> <div></div><div></div> </div> <div>STATE</div> <div>Other</div>	<div> <div><input type="radio"/> 0</div> <div><input type="radio"/> 3-4 hr</div> </div> <div> <div><input type="radio"/> <1 hr</div> <div><input type="radio"/> 5-6 hr</div> </div> <div> <div><input type="radio"/> 1-2 hr</div> <div><input type="radio"/> DK</div> </div>	<div> <div><input type="radio"/> 0</div> <div><input type="radio"/> 3-4 hr</div> </div> <div> <div><input type="radio"/> <1 hr</div> <div><input type="radio"/> 5-6 hr</div> </div> <div> <div><input type="radio"/> 1-2 hr</div> <div><input type="radio"/> DK</div> </div>
b. 13 to 19 years old	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>CITY</div> <div> <div></div><div></div> </div> <div>STATE</div> <div>Other</div>	<div> <div><input type="radio"/> 0</div> <div><input type="radio"/> 3-4 hr</div> </div> <div> <div><input type="radio"/> <1 hr</div> <div><input type="radio"/> 5-6 hr</div> </div> <div> <div><input type="radio"/> 1-2 hr</div> <div><input type="radio"/> DK</div> </div>	<div> <div><input type="radio"/> 0</div> <div><input type="radio"/> 3-4 hr</div> </div> <div> <div><input type="radio"/> <1 hr</div> <div><input type="radio"/> 5-6 hr</div> </div> <div> <div><input type="radio"/> 1-2 hr</div> <div><input type="radio"/> DK</div> </div>
e. Under 13 years old	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>CITY</div> <div> <div></div><div></div> </div> <div>STATE</div> <div>Other</div>	<div> <div><input type="radio"/> 0</div> <div><input type="radio"/> 3-4 hr</div> </div> <div> <div><input type="radio"/> <1 hr</div> <div><input type="radio"/> 5-6 hr</div> </div> <div> <div><input type="radio"/> 1-2 hr</div> <div><input type="radio"/> DK</div> </div>	<div> <div><input type="radio"/> 0</div> <div><input type="radio"/> 3-4 hr</div> </div> <div> <div><input type="radio"/> <1 hr</div> <div><input type="radio"/> 5-6 hr</div> </div> <div> <div><input type="radio"/> 1-2 hr</div> <div><input type="radio"/> DK</div> </div>

PHYSICAL ACTIVITY

The next questions are about recreational or leisure time physical activities during four periods of your life. When answering these questions, do not include physical activity or exercise that is part of a job.

	a. between 18-22?	b. In your 30s?	c. In your 50s?	d. Currently?
F1. On average, how many hours per week did you participate in <u>strenuous physical activities</u> _____? <u>Strenuous activity</u> means something that increases your heart rate and/or causes you to perspire.	<input type="text"/> <input type="text"/> HR/WK <input type="radio"/> Don't know	<input type="text"/> <input type="text"/> HR/WK <input type="radio"/> Don't know	<input type="text"/> <input type="text"/> HR/WK <input type="radio"/> Don't know	<input type="text"/> <input type="text"/> HR/WK <input type="radio"/> Don't know
F2. On average, how many hours per week did you participate in <u>moderate physical activities</u> _____? <u>Moderate activity</u> means something that requires effort but is not exhausting.	<input type="text"/> <input type="text"/> HR/WK <input type="radio"/> Don't know	<input type="text"/> <input type="text"/> HR/WK <input type="radio"/> Don't know	<input type="text"/> <input type="text"/> HR/WK <input type="radio"/> Don't know	<input type="text"/> <input type="text"/> HR/WK <input type="radio"/> Don't know

EDUCATION/MARITAL INFORMATION

G1. How many years of schooling have you completed?

- ☐ 1-8 years (grade school)
☐ 9-12 years (high school)
☐ 2-year hospital radiologic technology program
☐ 1-4 years college
☐ Graduate school
☐ Other (e.g. vocational)

G2. What is your current marital status?

- ☐ Never married (GO TO END OF INTERVIEW)
☐ Married
☐ Living together but not married
☐ Divorced
☐ Widowed
☐ Separated

G3. [IF CURRENTLY MARRIED, LIVING AS MARRIED, DIVORCED, WIDOWED OR SEPARATED. . .]
How many years of schooling did your spouse or partner complete? [IF MULTIPLE SPOUSES OR PARTNERS, ASK ABOUT MOST RECENT.]

- ☐ 1-8 years (grade school)
☐ 9-12 years (high school)
☐ 2-year hospital radiologic technology program
☐ 1-4 years college
☐ Graduate school
☐ Other (e.g. vocational)

That was the last set of questions for this interview. Thank you for taking the time to talk with me.
 [END OF INTERVIEW]